
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____
SMALL CLAIMS DEPARTMENT

_____,
Plaintiff(s),

vs.

_____,
Defendant(s).

Case No. _____

NOTICE OF MEDIATION
AND/OR TRIAL

The Defendant(s), having filed a written Answer to the Plaintiff's Complaint, the Court
has set this matter as follows:

First for mandatory mediation on _____ at _____ o'clock, __.m.

If mediation is unsuccessful, then this matter shall be tried before the Court, on _____
_____, at the earliest time available after mediation has concluded.

Date: _____

CLERK OF THE DISTRICT COURT

Typed/printed name

By: _____
Deputy Clerk

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Order was served:

(Plaintiff Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- ☐ By United States mail
☐ By personal delivery
☐ By fax (number) _____

(Defendant Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- ☐ By United States mail
☐ By personal delivery
☐ By fax (number) _____

Date: _____

Deputy Clerk